



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा
Uttar Pradesh University of Medical Sciences
Saifai, Etawah - 206130 (U.P.)

(Statement to be furnished on half-yearly basis by the faculty/ officer/ Employee)

1. Biometric No ID
2. Name of Faculty/Officers/Employee.....
3. Designation
4. Bank Account No.
5. Pay Level
6. Office/ Section (Place of Posting)
7. Phone No.

I Certify that I have spent Rs. _____ towards purchase of Newspaper(S) for the months of :

I) January to June, 20_____
OR

II) July to December, 20_____
[Only on option is to be ticked]

I further declare that: i) The Newspaper (s) in respect of which reimbursement is claimed, is are purchased by me. ii) The amount for which reimbursement is being claimed has actually been paid by me and has not been will not be claimed by any other source.

Date:.....
Place:.....

(Signature of Applicant)

Name:.....

Designation:.....

Department:.....

For Office Use only

Passed for Payment of Rs.....(Rs. in words.....)

Asstt. Acctt./JAO

AAO

AO

SAO

F.O.